

COVERAGE PROVIDED BY COMPANY DESIGNATED BY NUMBER 01 FIREMAN'S FUND. 10 THE AMERICAN 07 NATIONAL SURETY		02559						
ITEM 1. INSURED'S NAME AND ADDRESS (IND., STREET, TOWN, COUNTY, STATE) V. L. Grace & Co. 1114 Ave. of the Americas New York, N.Y. 10036								
POLICY PERIOD: ITEM 2. INCEPTION (MO. DAY YR.) 6/30/81 EXPIRATION (MO. DAY YR.) 6/30/87 <small>12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.</small>								
ITEM 3. LIMIT OF LIABILITY: <table border="1"> <tr> <td>\$ 7,000,000</td> <td>EACH OCCURRENCE</td> <td>2/0 50,000,000</td> </tr> <tr> <td>\$ 7,000,000</td> <td>AGGREGATE</td> <td></td> </tr> </table>			\$ 7,000,000	EACH OCCURRENCE	2/0 50,000,000	\$ 7,000,000	AGGREGATE	
\$ 7,000,000	EACH OCCURRENCE	2/0 50,000,000						
\$ 7,000,000	AGGREGATE							
ITEM 4. UNDERLYING INSURANCE LIMIT OF LIABILITY: <table border="1"> <tr> <td>\$ 700,000,000</td> <td>EACH OCCURRENCE</td> </tr> <tr> <td>\$ 200,000,000</td> <td>AGGREGATE</td> </tr> </table>			\$ 700,000,000	EACH OCCURRENCE	\$ 200,000,000	AGGREGATE		
\$ 700,000,000	EACH OCCURRENCE							
\$ 200,000,000	AGGREGATE							
ITEM 5. PREMIUM BASIS Flat	ITEM 6. ADVANCE PREMIUM: \$ 3,500 ANNUAL MINIMUM PREMIUM: \$ 3,500							
IN THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RECEIVE AND RETAIN NOT LESS THAN \$ AS THE POLICY MINIMUM PREMIUM.								
ITEM 7. SCHEDULE OF UNDERLYING INSURANCE: <p style="text-align: center;">See encl't #1</p>								

FOLLOWING FORM BLANKET EXCESS LIABILITY POLICY

The Company designated above, a stock insurance company, (herein called the Company) agrees with the Insured, named in the declarations made a part hereof, in consideration of the payment of premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

INSURING AGREEMENTS

1. **Coverage.** To indemnify the Insured for the Insured's ultimate net loss in excess of the insurance afforded under the Blanket Excess Liability or "Umbrella" policies specified in Item 7 of the Declarations, hereafter called underlying insurance, in full force and effect at the inception of this policy, provided that the insurance for injury to or destruction of property under this policy and underlying policies shall not apply except as respects injury to or destruction of corporeal property, including loss of use thereof.

2. **Limit of Liability.** The Company shall be liable only for the limit of liability stated in Item 3 of the Declarations in excess of the limit or limits of liability of the applicable underlying insurance policy or policies all as stated in the declarations of this policy. The limit of the liability stated in the declarations as applicable to "each occurrence" shall be the total limit of the Company's liability for all damages sustained as the result of any one occurrence provided, however, in the event of reduction or exhaustion of applicable aggregate limit or limits of liability under said underlying policy or policies solely by reason of losses paid thereunder on account of occurrences during this policy period, this

policy shall in the event of reduction, apply as excess of the reduced limit of liability thereunder. Subject to the applicable limit of liability as respects each occurrence, the limit of liability stated in the declarations as "aggregate" shall be the total limit of the Company's liability for all damages sustained during each annual period of this policy.

3. **Policy Period.** This policy applies only to occurrences which take place during the policy period.

DEFINITIONS

"Ultimate net loss" means all sums actually paid, or which the Insured is legally obligated to pay, as damages in settlement or satisfaction of claims or suits for which insurance is afforded by this policy, after proper deduction of all recoveries or salvage.

CONDITIONS

1. **Maintenance of Primary Insurance.** The Insured warrants, and it is a condition of this policy, that at the inception of this policy, insurance afforded by the underlying policies of insurance (apply-

(Continued on Page Two)

COUNTERSIGNATURE DATE 8/12/81	COUNTERSIGNATURE OF AUTHORIZED AGENT rt
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BLANKET EXCESS LIABILITY POLICY (FOLLOWING FORM) 5902-2-72

PRODUCER'S COPY

**DEFENDANT'S
EXHIBIT**

FFICSC Exh. 9(j)

WRG 000000355

FFICSC 000216

(Continued from Preceding Page)

ing as excess over various policies of primary insurance) with combined limits of liability for said underlying insurance stated in Item 4 of the declarations, or renewals or replacements thereof not affording coverages other than those at inception of this policy, shall be maintained in full effect during the period of this policy, except for reduction of aggregate limits solely as a result of payment of claims arising out of occurrences during this policy period. Such underlying insurance is not maintained in full effect by the insured or if there is any change in the scope of coverage under any underlying insurance, the insurance afforded by this policy shall apply in the same manner as though such underlying policies had been so maintained and unchanged.

The insurance afforded by this policy is subject to the same warranties, terms (including the terms used to describe the application of the limits of liability), conditions and exclusions as are contained in the underlying insurance on the effective date of this policy, except, unless otherwise specifically provided in this policy, any such warranties, terms, conditions or exclusions relating to premium, the obligation to investigate and defend, the amount and limits of liability, and any renewal agreement.

2. Notice of Occurrence. The insured shall immediately advise the Company of any occurrence or disaster which will probably result in liability under this policy. The Company shall, not, however, be called upon to assume charge of the settlement or defense of any claims made, or suits brought, or proceedings instituted against the insured, but shall have the right and opportunity to be associated with the insured in the defense and trial of any such claims, suits or proceedings relative to any occurrence which, in the opinion of the Company, may create liability on the part of the Company under the terms of the policy. If the Company avails itself of such right and opportunity, the insured and the Company shall cooperate in all respects so as to effect a final determination of the claim or claims.

3. Payment of Loss. It is a condition of this policy that the insurance afforded under this policy shall apply only after all underlying insurance has been exhausted. Upon final determination by settlement, award or verdict of the liability of the insured, the Company shall promptly pay the insured as the insured shall pay, or be required to pay, the amounts of any losses falling within the terms or limits of this insurance. All losses covered under this policy shall be due and payable by the Company within 30 days after they are respectively claimed and proof of loss filed with the Company in conformity with this policy. Bankruptcy or insolvency of insured shall not relieve the Company of any of its obligations under.

4. Payment of Expenses. Loss expenses and legal expenses, including court costs and interest, if any, which may be incurred by the

insured with the consent of the Company in the adjustment or defense of claims, suits or proceedings shall be borne by the Company and the insured in the proportion that each party's share of loss bears to the total amount of said loss. Loss expense hereunder shall not include salaries and expense of the insured's employees incurred in investigation, adjustment and litigation.

5. Appeal. In the event the insured or any underlying insurer elects not to appeal a judgment in excess of the amount of the underlying insurance, the Company may elect to appeal at its expense and shall be liable for the expenses incidental thereto, but in no event shall the liability of the Company for ultimate net loss exceed the amount set forth in the policy plus the expenses incidental to such appeal.

6. Subrogation. In the event of any payment of this policy, the Company shall be subrogated to all the insured's rights of recovery therefor against any person or organization and the insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The insured shall do nothing after loss to prejudice such rights.

Any amount recovered as subrogation shall be apportioned in the inverse order of payment of loss to the extent of actual payment. The expenses of all such recovery proceedings shall be apportioned in the ratio of respective recoveries. If there is no recovery in proceedings conducted solely by the Company, the Company shall bear the expenses thereof.

7. Premium. The premium for this policy shall be computed upon the basis stated in the Declarations. The advance premium stated in the Declarations, unless otherwise specified is an estimated premium only. Upon termination of this policy the earned premium shall be computed and if the earned premium is more than the advance premium paid, the Named Insured shall pay the excess to the Company; if less, the Company shall return to the Named Insured the unearned portion, subject to the annual minimum premium stated in the Declarations for each twelve months of the policy period, and subject further, to the policy minimum premium, as stated in the Declarations.

8. Cancellation. This policy may be cancelled by either party upon 30 days' notice in writing to the other stating the date cancellation shall be effective. If cancellation is at the request of the insured, adjustment of premium shall be at short rate, and if cancelled by the Company, adjustment shall be made pro rata. However, in the event of cancellation or termination of the underlying insurance, this policy shall cease to apply at the same time without notice to the insured. Notice shall be given by the Company to the insured at the address shown in the declarations. Payment or tender of unearned premium is not a condition of cancellation.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(BROAD FORM)

It is agreed that the policy does not apply:

I. Under any Liability Coverage, to injury, sickness, disease, death or destruction

(a) with respect to which an insured under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or

(b) resulting from the hazardous properties of nuclear material and with respect to which (1) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (2) the insured is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

2. Under any Liability Coverage, to injury, sickness, disease, death or destruction resulting from the hazardous properties of nuclear material, if

(a) the nuclear material (1) is at any nuclear facility owned by, operated by or on behalf of, an insured or (2) has been dispersed or disposed therefrom;

(b) nuclear material is contained in spent fuel or waste at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an insured; or

SEE TWO

(Continued on Next Page)

(c) the injury, sickness, disease, death or destruction arises out of the furnishing by an insured of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility, but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (c) applies only to injury to or destruction of property at such nuclear facility.

III. As used in this endorsement:

"hazardous properties" include radioactive, toxic or explosive properties;

"nuclear material" means source material, special nuclear material or byproduct material;

"source material," "special nuclear material," and "byproduct material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a nuclear reactor;

"waste" means any waste material (1) containing byproduct material and (2) resulting from the operation by any person or organization of any nuclear facility included within the definition of nuclear facility under paragraph (a) or (b) thereof;

"nuclear facility" means

(a) any nuclear reactor,

(b) any equipment or device designed or used for (1) separating

(c) any equipment or device used for the processing, fabricating or alloying of special nuclear material if at any time the total amount of such material in the custody of the insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235,

(d) any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste,

"nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

With respect to injury to or destruction of property, the word "injury" or "destruction" includes all forms of radioactive contamination of property.

IN WITNESS WHEREOF, FIREMAN'S FUND INSURANCE COMPANY has caused this Policy to be signed by its President and Secretary but this Policy shall not be valid unless countersigned by a duly authorized Agent of the Company.

SECRETARY

PAYSTORY

FINAL PAGE

1. 2. 3.
 4. 5. 6.
 7. 8. 9.
 10. 11. 12.
 13. 14. 15.
 16. 17. 18.

INSURED V. E. Crass & Co. SUCR	POLICY NUMBER 3-80 XLX 148 14 92 EFFECTIVE DATE 6/30/81
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<u>Layer</u>	<u>Participation</u>	
A) \$5,000,000 XS Primary		02559.4
London	\$4,000,000	
Northbrook	1,000,000	
B) \$15,000,000 XS \$5,000,000		
London	7,500,000	
Northbrook	3,750,000	
Granite State	3,750,000	
C) \$30,000,000 XS \$20,000,000		
London	15,000,000	
AIU Ins. Co.	3,000,000	
Transit	2,000,000	
Hartford	2,000,000	
Granite State	7,000,000	
Clerling Kansas	1,000,000	
D) \$25,000,000 XS \$30,000,000		
London	4,000,000	
Integrity	2,000,000	
Northbrook	7,000,000	
National Union	1,000,000	
Transit	5,000,000	
Granite State	4,000,000	
AIU	2,000,000	

ONE OF THE TREMANT'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	<i>Myron A. Bauer</i> PRESIDENT	COUNTERSIGNATURE OF AUTHORIZED AGENT
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J001-1-65

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[illegible][illegible][illegible][illegible]

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INSURED	POLICY NUMBER
W.R. Grace & Co.	3-80 XLX 148 1492
SUCER	EFFECTIVE DATE
	6/30/81

LayerParticipation

02559.2

A) \$5,000,000 XS Primary	
London	\$4,000,000
Northbrook	1,000,000
B) \$20,000,000 XS \$5,000,000	
London	\$11,250,000
Northbrook	3,750,000
Granite State	4,000,000
Transit Casualty	1,000,000
C) \$25,000,000 XS \$25,000,000	
London	\$12,000,000
AIU Ins. Co.	2,000,000
Transit	2,000,000
Hartford	1,500,000
Granite State	6,000,000
Gerling Konzern	1,000,000
Bermuda Fire & Marine	500,000
D) \$25,000,000 XS \$50,000,000	
London	\$4,000,000
Integrity	2,000,000
Northbrook	7,000,000
National Union	1,000,000
Transit	5,000,000
Granite State	4,000,000
AIU	2,000,000
E) \$25,000,000 XS \$75,000,000	
Gibraltar Ins. Co. - 6/30/81-11/1/81	
London 11/1/81-6/30/82	\$2,500,000
Granite State	8,500,000
Ideal Mutual	3,000,000
National Union	6,000,000
Transit	3,000,000
Hartford	1,000,000
American Centennial	1,000,000

ONE OF THE DEMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	<i>Myron Du Bois</i> PRESIDENT	COUNTERSIGNATURE OF AUTHORIZED AGENT
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JO1-1-85

WRG 000000356

FFICSC 000221

El cont. Revised

INSURED W.E. Grace	POLICY NUMBER 3-80 XLX 148 1492
SUBJECT	EFFECTIVE DATE 6/30/81

LayerParticipation

02559.3

F) \$50,000,000 XS \$100,000,000

National Union	\$10,000,000
Hartford	2,000,000
Federal	5,000,000
American Centennial	4,000,000
Allianz	1,000,000
Transit Casualty	1,000,000
Zurich	3,500,000
Associated International	5,000,000
Bermuda Fire & Marine	3,000,000
Fireman's Fund	4,000,000
Centennial Insurance Co.	4,000,000
Midland	3,000,000
Birmingham Fire	2,000,000
London	2,500,000

G) \$50,000,000 XS \$150,000,000

Bermuda Fire & Marine	\$1,000,000
Continental Casualty	10,000,000
National Union Fire Ins. Co.	9,000,000
Federal Ins. Co.	5,000,000
Fireman's Fund	4,000,000
Protective National Ins.	5,000,000
City Ins. Co.	5,000,000
Buffalo Re	10,000,000
Zurich Ins.	1,000,000

ONE OF THE
FIREMAN'S FUND INSURANCE COMPANIES
AS NAMED IN THE POLICY

Myron R. Blair
PRESIDENT 10-X

COUNTERSIGNATURE OF AUTHORIZED AGENT

30001-1-85

WRG 000000357

FFICSC 000222

~~Any person who is not a duly licensed professional liability insurer~~

~~It is agreed that this policy shall not apply to any liability arising out of any professional services rendered by or for the insured, including, but not limited to:~~

~~(a) the preparation or approval of audits, plans, valuations, reports, forecasts, budgets or other financial statements;~~

~~(b) any other financial or accounting services.~~

POLICY NUMBER 1000000000	INSURED W. R. Grace & Co.	EFFECTIVE 1/1/00
ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY <i>Myron A. Bains</i> PRESIDENT		PRODUCER COUNTERSIGNATURE OF AUTHORIZED AGENT

180009-6-65 SETS

is agreed that this policy shall not apply to any liability arising out of
 any professional services performed by or for the Insured, including, but not
 limited to

- (A) the preparation or approval of maps, plans, opinions, reports, surveys
 designs or specifications and
- (B) supervisory, inspection or engineering services.

02559.5

POLICY NUMBER 3-80 XLX 148 14 92	INSURED W. R. Grace & Co.	EFFECTIVE 6/30/81
ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY	PRODUCER	
<i>Myron R. Bann</i> PRESIDENT 10 X	COUNTERSIGNATURE OF AUTHORIZED AGENT	

.09-6-65 SETS

WRG 000000359

FFICSC 000224

3328971014

Cancellation Amendment, Endorsement (Parent: 00000000)	(X)
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It is hereby understood and agreed that the above (1st) sentence of Condition 1, Cancellation, is hereby amended and replaced by the following:

"This policy may be cancelled by either party upon thirty (30) days' notice. Thirty days' notice with respect to cancellation for non-payment of premium, in writing to the other stating the date cancellation shall be effective."

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER 3-110 100 100 10 00	INSURED W. H. Green & Co.	EFFECTIVE 5/10/00
ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY <i>Myron R. Brown</i> PRESIDENT		PRODUCER COUNTERSIGNATURE OF AUTHORIZED AGENT

180009-6-65 SETS

Cancellation Amendment Endorsement (Excess Umbrella)

XIII, 60 1, 2

Is hereby understood and agreed that the first (1st) sentence of Condition 8, CANCELLATION, is voided and replaced by the following:

policy may be cancelled by either party upon forty five (45) days' notice (30) days notice with respect to cancellation for non-payment of premium, in writing to the other stating the date cancellation shall be effective."

02559.6

All other terms and conditions of this policy remain unchanged

POLICY NUMBER 3-80 XIX 148 14 92	INSURED W. E. Grace & Co.	EFFECTIVE 6/30/81
ONE OF THE FIREMAN'S FUND INSURANCE COMPANIES AS NAMED IN THE POLICY <i>Myron A. Bain</i> PRESIDENT	PRODUCER	
	COUNTERSIGNATURE OF AUTHORIZED AGENT	

99-665 SETS

WRG 000000360

FFICSC 000226

MORE ENTRY INSTRUCTIONS (CONTINUED FROM REVERSE SIDE)

FACULTATIVE CEDED REINSURANCE

REINSURER		LIABILITY (PERCENT OR DOLLARS)	PREMIUM TO REINSURER.		REINS. COMM.
REINSURER	H.B.G. HANOVER RE GERMANY	88-002-995 *	B.I.	P.D.	
MAILING ADDRESS	C/O FSRM INC. <input type="checkbox"/> SAN FRANCISCO <input checked="" type="checkbox"/> NEW YORK 110-6 Jellison St. <input type="checkbox"/> CHICAGO	2,000,000	650	350	20%
REINSURANCE CERT. NO.			1000		(INCLUDING TAX & BOARD)
PAY PREMIUM TO REINS. COMPANY					
REINSURER			B.I.	P.D.	
MAILING ADDRESS					
REINSURANCE CERT. NO.					
PAY PREMIUM TO: REINS. COMPANY REINS. BROKER PRODUCER					(INCLUDING TAX & BOARD)
REINSURER			B.I.	P.D.	
MAILING ADDRESS					
REINSURANCE CERT. NO.					
PAY PREMIUM TO: REINS. COMPANY REINS. BROKER PRODUCER					(INCLUDING TAX & BOARD)

TO: CLAIMS (FOR CLAIMS DEPARTMENT USE ONLY)

1. IF LIABILITY CEDED BLOCK ABOVE (NOTES) INDICATES "FIRST LOSS—100% OF..." THE FACULTATIVE REINSURER HAS ASSUMED 100% OF LIMIT AND COVERAGES INDICATED. IF APPLICABLE, ALLOCATE THIS PORTION OF TOTAL POLICY LOSS FIRST, THEN PROCEED AS INDICATED BELOW.
2. DISTRIBUTE THAT PART OF THE TOTAL POLICY LOSS (RESERVE OR PAYMENTS) ALLOCATED TO THE E & SR TREATY AS FOLLOWS:

E & SR TREATY'S (NOT E & SR SURPLUS TREATY) SHARE OF LOSS AS SHOWN UNDER CEDED REINSURANCE IN THE SPACE TITLED "E & SR TREATY LIMIT" ON REVERSE SIDE	LOSS ALLOCATION	
	FIREMAN'S FUND'S SHARE (NET TO F.F.)	REINSURANCE SHARE
FIRST \$1,000,000 OF LOSS TO E & SR TREATY:	50% OF LOSS	50% OF LOSS
NEXT \$2,000,000 OF LOSS TO E & SR TREATY:	25% OF LOSS	75% OF LOSS
NEXT \$2,000,000 OF LOSS TO E & SR TREATY:	25% OF LOSS	75% OF LOSS
NEXT \$5,000,000 OF LOSS TO E & SR TREATY:	10% OF LOSS	90% OF LOSS

3. ALLOCATE REMAINING PORTION OF TOTAL LOSS (IF ANY) AS PER THE PERCENTAGE (OR DOLLARS) SHOWN UNDER CEDED REINSURANCE IN THE SPACE TITLED "E & SR SURPLUS TREATY LIMIT" ON THE REVERSE SIDE AND FACULTATIVE REINSURANCE (IF SHOWN ABOVE).

ENTRY DEPARTMENT—REFER TO REVERSE SIDE FOR CODING INSTRUCTIONS.

380080-2-81

C.I. - 00269

FFICSC 000227

ENTRY INSTRUCTIONS—E & SR—CASUALTY

CEDED REINSURANCE

ENTRY TRANSACTION NUMBER #17		ALLOCATION OF LIMITS (IN DOLLARS AND PERCENTAGE)		TOTAL POLICY LIMIT	E & SR TREATY LIMIT		E & SR SURPLUS TREATY LIMIT	
BRANCH	INSURED	POLICY NUMBER						
3-80	U.Y.N.	X LX 148 14 92		7,000,000	2,000,000	3,000,000		
MINOR CLASS				PRODUCER'S COMM. 7.5%	PREMIUM ALLOCATION			
CLASS				GROSS	E & SR TREATY SS-002-513		E & SR SURPLUS TREATY SS-002-524	
U/P				ADDITIONAL	CODE 52.05 %		CODE 100 %	
CLASS				RETURN	OF 29 % OF GROSS PREMIUM TO TREATY		OF 100 % OF GROSS PREMIUM TO TREATY	
CLASS				PRODUCER'S COMM. 7.5%	FF COMM 33.52%		FF COMM 27.5%	

701	1111	01 MECHANICAL RIDE 00 OTHER	CLASS 0152	00 OTHER M&C	0153-03	PD 54-03	0153-03	PD 54-03	0153-03	PD 54-03
702	48303	01 RAIN 02 PROD WORKS 00 TVB 00 TWIN	03 CONTOY 04 NON APP 00 OTHER	XXX	23-38	XXX	23-38	XXX	23-38	XXX
702	48303	03 RADIO 04 TELEVISION	CLASS 7410	01 ADVERTISING 02 ADV AGENCY	0153-04	XXX	0153-04	XXX	0153-04	XXX
	73920	05 PER-SUR 06 EDV 09 MAGO	10 PAPER 11 12 R.F.M 17 SEC	18 CATV 00 OTHERS	0153-04	XXX	0153-04	XXX	0153-04	XXX
	87774	01 CPA 02 LAWYERS	04 ARCHS. ENG 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	0153-08	XXX	0153-08	XXX	0153-08
	80888	01 PHYSURG-DENT 03 ALL OTHER MEDICAL PROF	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	0153-76	XXX	0153-76	XXX	0153-76
APPLICABLE TO 701-702										

ORDINARY EXCESS	7030	04 TRUCKMEN 00 OTHER COMMERCIAL	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	5000	01 BUSES 00 OTHER PUBLIC	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	01582	00 ALL OL & T	0153-03	PD 54-03	0153-03	PD 54-03	0153-03	PD 54-03	0153-03	PD 54-03
	87574	00 ALL N & C	1275	1225	343	185	956	513		
	57777	00 ALL PRODUCTS	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	87774	01 CPA 02 LAWYERS	04 ARCHS. ENG 00 OTHERS	COVER 1 2 3	CLMS MADE DATE	0153-08	XXX	0153-08	XXX	0153-08
	00888	01 PHYSURG-DENT 03 ALL OTHER MEDICAL PROF	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	0153-76	XXX	0153-76	XXX	0153-76
	0288	WORKERS COMPENSATION	UNDERLYING SUM CODE	01-10	XXX	01-10	XXX	01-10	XXX	01-10
	EXCESS POLICY LIMITS									
	PRIMARY PD LIMITS									
SUPERCOVER	7030	04 TRUCKMEN 00 OTHER COMMERCIAL	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	5000	01 BUSES 00 OTHER PUBLIC	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	01582	00 ALL OL & T	0153-03	PD 54-03	0153-03	PD 54-03	0153-03	PD 54-03	0153-03	PD 54-03
	87778	01 CONTRACTORS 00 ALL OTHER N & C	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	87777	00 ALL PRODUCTS	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04	0153-04	PD 54-04
	87774	01 CPA 02 LAWYERS	04 ARCHS. 05 CONDOES & O	COVER 1 2 3	CLMS MADE DATE	0153-08	XXX	0153-08	XXX	0153-08
	00888	01 PHYSURG-DENT 03 ALL OTHER MEDICAL PROF	02 HOSPITAL	COVER 1 2 3 4 5 6 7	CLMS MADE DATE	0153-76	XXX	0153-76	XXX	0153-76
	EXCESS POLICY LIMITS									
	PRIMARY PD LIMITS									
	MLL RISK IDENTITY									

UNDERWRITER	DATE	DOES OUTSIDE REINSURANCE APPLY?
L. Bradley	8/7/81	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> YES—SEE REVERSE SIDE

BRANCH _____ INSURED _____ POLICY # _____ ENDT # _____ REINS. CERT. # _____

ENTRY INSTRUCTIONS—CODE ALL ENTRIES TO MANAGEMENT RESPONSIBILITY 92

NOTE—IF COLUMN (2) IS NOT COMPLETED BY UNDERWRITERS, ENTRY DEPT. IS TO CALCULATE AND CODE THE AMOUNT TO BE CEDED TO TREATY AT THE PERCENTAGE SHOWN UNDER TREATY # IN COL. (2) UNLESS BLOCKED XXX		(1)		(2)		(3)		
U/P	CLASS	MINOR CLASS	TO PRODUCER COMMISSION %		TO E & SR TREATY 89-008-888 82.23% OF COLUMN (1) UNLESS XXX OR PREMIUM ALLOCATED BELOW	TO FACULTATIVE REINS. PROD. 100% OF PREM. BELOW COMM TO FFA %		
701	1111	01 MECH RIDE 04 ANIM RIDE 07 CR HOME- 00 OTHER 02 SH RES 05 DAY HUR 08 SHOOT GAL 03 SPEC EV 06 SALON 09 SKATING	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53
	01252	01 DET AGENCY 02 TRNSFER 00 OTHER MAC	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53
	0753	01 RAIN 02 PROD WDRAW 03 CONTOY 04 NONAPP 06 TVS 05 07 08 TWIN 09 OTHER	XXX	22-30	XXX	22-30	XXX	22-30
702	73110	01 ADVERTISERS COVER 1 2 3 02 ADVERTISING AGENCY CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX
	48303	03 RADIO COVER 1 2 3 04 TELEVISION CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX
	75920	05 CR BUR 10 PAPER 15 CATY COVER 1 2 3 06 EDP 12 P. FIN 00 OTHERS CLMS MADE DATE 09 NABO 17 SEC	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX
	MANUAL CLASS	MEDICAL PROF. PHY., SUR., DENT. COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX
	MANUAL CLASS	MEDICAL PROF. OTHER COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-75	XXX	BI 53-75	XXX	BI 53-75	XXX
APPLICABLE TO 701-92X		POLICY LIMITS		TREATY LIMITS		XXX		XXX
711	7030	04 TRUCKMEN 00 OTHER COMMERCIAL	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41
	5000	01 BUSES 00 OTHER PUBLIC	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41
	01252	00 ALL OL & T	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53
	87778	00 ALL M & C	BI 53-52	PD 54-52	BI 53-52	PD 54-52	BI 53-52	PD 54-52
	87777	00 ALL PRODUCTS	BI 53-55	PD 54-55	BI 53-55	PD 54-55	BI 53-55	PD 54-55
	87774	01 CPA 04 ARCHS. ENG COVER 1 2 3 02 LAWYERS 00 OTHERS CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX
	80888	PHYSICIANS-SURGEONS & DENTISTS COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX
	8888	OTHER MEDICAL PROFESSIONAL COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-75	XXX	BI 53-75	XXX	BI 53-75	XXX
	0500	WR. COMP. SELF INSURED RETENTION 51-10	XXX	51-10	XXX	51-10	XXX	51-10
	EXCESS POLICY LIMITS		PRIMARY BI LIMITS		PRIMARY PD LIMITS		TREATY LIMITS	
712	7030	04 TRUCKMEN 00 OTHER COMMERCIAL	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41
	5000	01 BUSES 00 OTHER PUBLIC	BI 43-41	PD 44-41	BI 43-41	PD 44-41	BI 43-41	PD 44-41
	01252	00 ALL OL & T	BI 53-53	PD 54-53	BI 53-53	PD 54-53	BI 53-53	PD 54-53
	87778	01 CONTRACTORS 00 ALL OTHER M&C	BI 53-52	PD 54-52	BI 53-52	PD 54-52	BI 53-52	PD 54-52
	87777	00 ALL PRODUCTS	BI 53-55	PD 54-55	BI 53-55	PD 54-55	BI 53-55	PD 54-55
	87774	01 CPA 04 ARCHS. ENG COVER 1 2 3 02 LAWYERS 00 OTHERS CLMS MADE DATE	BI 53-57	XXX	BI 53-57	XXX	BI 53-57	XXX
	80888	PHYSICIANS-SURGEONS & DENTISTS COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-58	XXX	BI 53-58	XXX	BI 53-58	XXX
	8888	OTHER MEDICAL PROFESSIONAL COVER 1 2 3 4 5 6 CLMS MADE DATE	BI 53-75	XXX	BI 53-75	XXX	BI 53-75	XXX
	EXCESS POLICY LIMITS		PRIMARY BI LIMITS		PRIMARY PD LIMITS		TREATY LIMITS	
	EXCESS POLICY LIMITS		PRIMARY BI LIMITS		PRIMARY PD LIMITS		TREATY LIMITS	

MITS CEDED TO FACULTATIVE CO

C.I. - 00271

FFICSC 000229



EXCESS & SPECIAL RISKS
INSTRUCTIONS FOR
POLICYWRITING & CODING

XLX 148-14-90
XLX 148-14-91
USE NUMBER
XLX 148-14-92

TO: POLICYWRITING		USE NUMBER XLX 148-14-92
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ENDORSEMENT
<input type="checkbox"/> CANCELLATION	EFFECTIVE DATE:	
PRODUCTION CODE	PRODUCER NAME M. E. M.	LOCATION
NAMED INSURED ADDRESS W. R. Brown & Co.		
<input checked="" type="checkbox"/> USE POLICY FORM	S. J. B. B. B.	
<input type="checkbox"/> USE ENDORSEMENT FORM		
<input type="checkbox"/> USE CERTIFICATE FORM		
<input type="checkbox"/> PER FORM ATTACHED		

COPIES: ☐ PRE-CARBONIZED FORM ☒ ORIGINAL, PROCESSING CENTER, AGENT, UNDERWRITER, B.O., AUDIT, EXTRA
☐ SIGN ORIGINAL ☐ ORDER CREDIT REPORT ☒ ORDER 12/2/81

DISTRIBUTE:

- ☐ SEND ORIGINAL AND AGENTS COPY TO AGENT
☐ SEND ORIGINAL, AGENTS AND B.O. COPIES TO:

MR. _____ E & SR REPRESENTATIVE

B.O. _____

- ☐ SEND ALL COPIES EXCEPT UNDERWRITING COPY TO:

MR. _____ E & SR REPRESENTATIVE

B.O. _____

- ☐ RETURN ☐ UNDERWRITING COPY TO E & SR DEPARTMENT
☐ BRANCH OFFICE COPY TO E & SR DEPARTMENT

- ☐ RETURN ALL WORK TO: J. B. B. B. - 316

- ☐ OTHER: Please keep all for Police in one file

AUG 1 1981
A. BONFIDINO

TO: ENTRY DEPARTMENT - SPECIAL INSTRUCTIONS ON REVERSE SIDE
 380047-7-77

C.I. - 00272

FFICSC 000230



THE EXCESS & SPECIAL
RISK MARKET, INC.

HOME OFFICE: 3333 CALIFORNIA ST., SAN FRANCISCO, CA 94118.

CERTIFICATE NUMBER
ESR 101-93 66

MANAGING UNDERWRITERS FOR:
☐ NATIONAL SURETY CORPORATION
☒ HANNOVER REINSURANCE

CERTIFICATE OF CASUALTY FACULTATIVE REINSURANCE

THE COMPANY INDICATED ABOVE, IN CONSIDERATION OF THE PAYMENT OF PREMIUMS AND THE STATEMENTS CONTAINED IN THE DECLARATIONS, AND SUBJECT TO THE TERMS AND GENERAL CONDITIONS OF THE CERTIFICATE DOES HEREBY REINSURE.

CEDING COMPANY AND ADDRESS

Firemans Fund Insurance
New York, N.Y.

RECEIVED
SEP 25 1981
MONEY

CEDING COMPANY POLICY NUMBER XXX 14B 14 92	POLICY PERIOD FROM 6/30/81 TO 6/30/82
NAME OF INTERMEDIARY	OFFICE

DECLARATIONS

ORIGINAL INSURED V.L. Crane & Co.	LOCATION COVERED New York, N.Y.
REINSURANCE EFFECTIVE 6/30/81	EXPIRATION 6/30/82
TERM 1 Yr.	
ITEM 1. TYPE OF INSURANCE Blanket Bond Liability	
ITEM 2. CEDING COMPANY, POLICY LIMITS AND APPLICATION \$7,000,000 Each Occurrence/Aggregate P/O \$50,000,000 Each Occurrence/Aggregate excess of \$200,000,000 Each Occurrence/Aggregate excess of Primary Policies or S.L.R.	
ITEM 3. CEDING COMPANY RETENTION \$3,000,000 P/O \$7,000,000 P/O \$50,000,000 excess of \$200,000,000 excess of Primary Policies or S.L.R.	
ITEM 4. REINSURANCE ACCEPTED \$2,000,000 P/O \$7,000,000 P/O \$50,000,000 excess of \$200,000,000 excess of Primary Policies or S.L.R.	
ITEM 5. TYPE OF REINSURANCE <input type="checkbox"/> EXCESS OF LOSS <input checked="" type="checkbox"/> CONTRIBUTING EXCESS <input type="checkbox"/> NON-CONCURRENT <input type="checkbox"/> PRO RATA	
ITEM 6. CANCELLATION DAYS NOTICE (ORIGINAL PLUS) Original plus 10 days	
PREMIUM: <input checked="" type="checkbox"/> NON-ADJUSTABLE <input type="checkbox"/> ADJUSTABLE <input type="checkbox"/> RATE: _____	
CERTIFICATE MINIMUM PREMIUM \$ 200.	

PREMIUM DUE	CEDING COMPANY GROSS PREMIUM	REINSURANCE GROSS PREMIUM	REINSURANCE CEDING COMMISSION	Reinsurance Net Premium
AT INCEPTION	\$ 2,500.	\$ 1,000.	20 %	\$ 800.
TOTAL INSTALLMENTS	\$ 3,500.	\$ 1,000.	20 %	\$ 800.

UNDERWRITING INFORMATION

Holding Company

The Excess & Special Risk Market, Inc.

DATE: **September 16, 1981**
380088-1-80

BY: **Stephen Mooney**
AUTHORIZED REPRESENTATIVE

C.I. - 00273

FFICSC 000231

3333 CALIFORNIA STREET
SAN FRANCISCO, CALIFORNIA 94118
(415) 929-2100

DATE September 16, 1981

ORIGINATING OFFICE 95

PRODUCER NUMBER FE70

PRODUCER

Windsor Fund Insurance Co.
North Jersey F.S.C.
P.O. BOX 221
Passippany, N.J. 07054

INSURED

W. R. Edwards & Co.
NEW YORK 14th St 92

POLICY NUMBER	EFF. DATE	EXPIR. DATE	DESCRIPTION OF COVERAGE	GROSS PREMIUM	COMMISSION
ES 101 03 66	6/30/81	6/30/82	Eligible Excess Ins.	\$ 1,000.00	10.00 %
CARRIER:				TAXES/FEES	DESCRIPTION
<p>PREMIUMS MUST BE PAID WITHIN THIRTY DAYS.</p> <p>FLAT CANCELLATIONS ARE ALLOWABLE ON THIS BUSINESS. WE ARE REQUIRED BY THE UNDERWRITERS OF THIS INSURANCE TO HOLD YOU RESPONSIBLE FOR EARNED PREMIUMS IN ALL CASES.</p>			<input checked="" type="checkbox"/> NEW/RENEWAL <input type="checkbox"/> ADDITIONAL PREMIUM	\$	TOTAL TAXES/FEES
				\$	NET TOTAL DUE

PREMIUMS MUST BE PAID WITHIN THIRTY DAYS.
NO FLAT CANCELLATIONS ARE ALLOWABLE ON THIS BUSINESS. WE
ARE REQUIRED BY THE UNDERWRITERS OF THIS INSURANCE TO HOLD
YOU RESPONSIBLE FOR EARNED PREMIUMS IN ALL CASES.

PLEASE RETURN REMITTANCE COPY WITH YOUR CHECK TO:

THE EXCESS & SPECIAL RISK MARKET INC.
3333 CALIFORNIA ST. N.E.
SAN FRANCISCO, CALIFORNIA 94118

REMITTANCE COPY

051101 PAGE 1

09/02/81	K	31559920	01481492-2	7	715	20	244	09/04/81			
XLX	MM	W.R.	GRACE & CO	01	063081	063082	063081	11	711	00	3500.00
											2999.00
001	1	0530231	05079	97778	2500	6	958	0	000750	2275.00	
001	1	1109	21					313170			
002	1	0540231	05079	97778	2500	6	958	0	000750	1225.00	
002	1	1109	2					313170			
3	7	099002335			02000001002					1000.00	
3	7	099002613			03352001002					528.00	
3	7	099002624			02750001002					1471.00	

20306-IPSOI 6-78

PVR TERMINAL ENTRY ABSTRACT.

C.I. - 00275

FFICSC 000233

BLANKET EXCESS LIABILITY POLICY (FOLLOWING FORM)

Coverage is provided in the Company designated by number,
a stock insurance Company (herein called the Company)

DECLARATIONS

1. INSURED'S NAME AND ADDRESS (NO., STREET, TOWN, COUNTY, STATE)



01 FIREMAN'S FUND
INSURANCE COMPANY SAN FRANCISCO, CALIFORNIA
18 THE AMERICAN
INSURANCE COMPANY PASIPPANY, NEW JERSEY
07 NATIONAL SURETY
CORPORATION CHICAGO, ILLINOIS
13 ASSOCIATED INDEMNITY
CORPORATION SAN FRANCISCO, CALIFORNIA
15 AMERICAN AUTOMOBILE
INSURANCE COMPANY CREVE COEUR, MISSOURI

POLICY PERIOD:

ITEM 2. INCEPTION (MO, DAY, YR.) EXPIRATION (MO, DAY, YR.)
1201 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ITEM 3.	LIMIT OF LIABILITY		EACH OCCURRENCE
	\$		AGGREGATE
ITEM 4.	UNDERLYING INSURANCE LIMIT OF LIABILITY		
	\$		EACH OCCURRENCE
	\$		AGGREGATE
ITEM 5.	PREMIUM BASIS	ITEM 6.	ADVANCE PREMIUM: \$
	\$		ANNUAL MINIMUM PREMIUM: \$
7. THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY SHALL RECEIVE AND RETAIN NOT LESS THAN \$			
THE POLICY MINIMUM PREMIUM,			
17. SCHEDULE OF UNDERLYING INSURANCE:			

FOLLOWING FORM BLANKET EXCESS LIABILITY POLICY

The Company designated above, a stock insurance company, (herein called the Company) agrees with the insured, named in the declarations, made a part hereof, in consideration of the payment of premium and in reliance upon the statements in the declarations and subject to the limits of liability, exclusions, conditions and other terms of this policy:

INSURING AGREEMENTS

1. Coverage. To indemnify the Insured for the Insured's ultimate net loss in excess of the insurance afforded under the Blanket Excess Liability or "Umbrella" policies specified in Item 7 of the Declarations, hereafter called underlying insurance, in full force and effect at the inception of this policy, provided that the insurance for injury to or destruction of property under this policy and underlying policies shall not apply except as respects injury to or destruction of corporeal property, including loss of use thereof.

2. Limit of Liability. The Company shall be liable only for the limit of liability stated in Item 3 of the Declarations in excess of the limit or limits of liability of the applicable underlying insurance policy or policies as stated in the declarations of this policy. The limit of the liability stated in the declarations as applicable to "each occurrence" shall be the total limit of the Company's liability for all damages sustained as the result of any one occurrence, provided, however, in the event of reduction or exhaustion of the applicable aggregate limit or limits of liability under said underlying policy or policies solely by reason of losses paid thereon account of occurrences during this policy period, this

policy shall in the event of reduction, apply as excess of the reduced limit of liability thereunder. Subject to the applicable limit of liability as respects each occurrence, the limit of liability stated in the declarations as "aggregate" shall be the total limit of the Company's liability for all damages sustained during each annual period of this policy.

3. Policy Period. This policy applies only to occurrences which take place during the policy period.

DEFINITIONS

"Ultimate net loss" means all sums actually paid, or which the Insured is legally obligated to pay, as damages in settlement or satisfaction of claims or suits for which insurance is afforded by this policy, after proper deduction of all recoveries or savings.

CONDITIONS

1. Maintenance of Primary Insurance. The Insured warrants, and it is a condition of this policy, that at the inception of this policy, insurance afforded by the underlying policies of insurance (applied

(Continued on Page Two)

COUNTERSIGNATURE DATE	COUNTERSIGNATURE OF AUTHORIZED AGENT
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PAGE ONE

5902-2-72

IV-D

C.I. - 00276

FFICSC 000234